

## Foster Family Home - Corrective Action Report

Provider ID: 1-140046

Home Name: Orlina Barrientos, CNA

Review ID: 1-140046-5

1765 Kalaepaa Drive

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 10/19/2018

End Date: 10/19/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/19/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Angelica Galindo RN  
Compliance Manager

Orlina Barrientos  
Primary Care Giver

10/19/18  
Date

10/19/18  
Date